

## Montana Department of Revenue



## **Special Order Retail Price Request**

Store Number & City: _		Date:
Agents Signature:		
currently priced. Pleas	equest an estimated retail price of e carefully read and observe the f	ollowing:
<ul> <li>This form is not to be considered as a request to order the product listed.</li> </ul>		
The retail price furnished will be estimated depending on circumstances involved at the time this form is completed. Due to shipping delays, prices are subject to change.		
<ul> <li>Please supply Liquor Distribution with all available information.</li> </ul>		
■ Please fax completed Price Request Form to (800) 332-6135, Option 3 – 1.		
Case(s) Bottle Requested Size	Product Name	Name of Vendor or Additional Information